

# BEST AVAILABLE COPY

ISSUE SLIP STAPLE AREA (for additional cross references)

DESCRIPTION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>DMC</i>		05-17-01
O.I.P.E. CLASSIFIER		4/3	6/1/01
FORMALITY REVIEW	JM	SC 5621	8/12/01
RESPONSE FORMALITY REVIEW			

## INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

Claim	Date	Claim	Date	Claim	Date
Final		Final		Final	
Original		Original		Original	
1		51		101	
2		52		102	
3		53		103	
4		54		104	
5		55		105	
6		56		106	
7		57		107	
8		58		108	
9		59		109	
10		60		110	
11		61		111	
12		62		112	
13		63		113	
14		64		114	
15		65		115	
16		66		116	
17		67		117	
18		68		118	
19		69		119	
20		70		120	
21		71		121	
22		72		122	
23		73		123	
24		74		124	
25		75		125	
26		76		126	
27		77		127	
28		78		128	
29		79		129	
30		80		130	
31		81		131	
32		82		132	
33		83		133	
34		84		134	
35		85		135	
36		86		136	
37		87		137	
38	✓	88		138	
39	✓	89		139	
40	✓	90		140	
41	✓	91		141	
42	✓	92		142	
43	✓	93		143	
44	✓	94		144	
45	✓	95		145	
46	✓	96		146	
47	✓	97		147	
48	✓	98		148	
49	✓	99		149	
50	✓	100		150	

If more than 150 claims or 10 actions  
staple additional sheet here